Edgar Filing: SEWARD JAMES R - Form 4

CEWADD LAMES D

| Form 4 | | | | | | | | | | | |
|---|---|--|---|--|-------------------------------------|--------|---------|--|--|--|--|
| January 09, 2 FORM | 4 UNITE | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | OMB APPROVAL OMB 3235-0287 Number: | |
| Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b). | er STATE 5. Filed p s Section 1 | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section | | | | | | | Expires: Estimated a burden hou response n | rs per | |
| (Print or Type R | esponses) | | | | | | | | | | |
| SEWARD JAMES R Symb | | | | 2. Issuer Name and Ticker or Trading ymbol Brookdale Senior Living Inc. [BKD] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| (| | | 3. Date of Earliest Transaction(Month/Day/Year)01/05/2018 | | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | |
| | | | | ndment, Date Original nth/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| BRENTWO | OD, TN 37027 | 1 | | | | | | Person | Aore than One Re | eporting | |
| (City) | (State) | (Zip) | Tabl | e I - Non-E | Derivative S | ecurit | ies Acq | uired, Disposed of | f, or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction D (Month/Day/Yea | ar) Executio any | on Date, if | Code | on(A) or Dis (D) (Instr. 3, 4 | sposed | of | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | |
| Common Stock | 01/05/2018 | | | A | 10,330 (1) | A | \$ 0 | 82,451 | D | | |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | | 7. Titl Amou Under Securi (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr |
|---|---|---|--|---|---------------------|--------------------|---|--|---|--|
| | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Other

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | |
|--|---------------|-----------|---------|--|--|
| | Director | 10% Owner | Officer | | |
| SEWARD JAMES R C/O BROOKDALE SENIOR LIVING INC. 111 WESTWOOD PLACE, SUITE 400 BRENTWOOD, TN 37027 | Х | | | | |
| Signatures | | | | | |
| /s/ Chad C. White, By Power of Attorney | 01/09/2 | 018 | | | |
| **Signature of Reporting Person | Date | | | | |

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Grant of unrestricted shares of Common Stock under the Brookdale Senior Living Inc. 2014 Omnibus Incentive Plan, as amended and restated.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.